

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
2 July 2019

TITLE OF REPORT:	Primary Care Quality Assured Spirometry
AUTHOR(s) OF REPORT:	Claire Morrissey
MANAGEMENT LEAD:	
PURPOSE OF REPORT:	To provide the Primary Care Commissioning Committee with an updated business case for the provision of quality assured spirometry within primary care, for the committee to approve the recommendations.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • ARTP spirometry qualifications are the recognised competency assessment for all practitioners performing spirometry, with the ARTP being responsible for holding the national register of accredited spirometry practitioners. All personnel performing/ interpreting spirometry must undertake accredited training by 31 March 2021. • CQC expects practices to be able to demonstrate that all staff who perform/ interpret spirometry are competent, and are on the National Register.
RECOMMENDATION:	<ul style="list-style-type: none"> • The report should be noted, with the committee noting any further actions • Primary Care commissioning committee should agree that the CCG will commit financial resource to provide a primary care quality assured spirometry service within the primary care network
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u>
2. Reducing Health Inequalities in	<u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u>



Wolverhampton	
3. System effectiveness delivered within our financial envelope	<u>Greater integration of health and social care services across Wolverhampton</u>

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the report is to provide the Primary Care commissioning committee with an updated business case regarding the provision of quality assured spirometry within the primary care networks.
- 1.2. This report has previously been presented at the Primary Care Programme board, and Primary Care Commissioning Committee in May where further amendments to the business case were required with regards to the costing model. These amendments have been made, and will be represented at the Primary Care programme board in July 2019.

2. MAIN BODY OF REPORT

- 2.1. The main report regarding to Quality Assured Spirometry has previously been presented at the committee
- 2.2. The committee should refer to section 8 (Cost) of the attached business case, where within Option 2 (preferred option) the breakdown of costs has been amended to reflect comments from local Clinical Group Leads.

3. CLINICAL VIEW

- 3.1. Black Country STP Respiratory Clinical leaders group

4. PATIENT AND PUBLIC VIEW

- 4.1. N/A

5. KEY RISKS AND MITIGATIONS

- 5.1. There is a risk there will be low uptake within primary care to provide the service.
- 5.2. Primary Care practitioners may not be able to maintain competencies if provision of service is at practice level rather than network level.

6. IMPACT ASSESSMENT



Financial and Resource Implications

6.1. Funding has been identified within the Primary Care budget for this service.

Quality and Safety Implications

6.2. Quality Impact Assessment has been agreed and signed off by CCG Quality team.

Equality Implications

6.3. Full Equality Impact Assessment currently being discussed by CSU Equality lead, with anticipation of being signed off with no further amendments

Legal and Policy Implications

6.4. As outlined within the above report, CQC requires practices to be able to demonstrate that all staff that perform/ interpret spirometry are competent, and are on the National Register.

Other Implications

6.5. N/A

Name	Claire Morrissey
Job Title	Strategic Transformation Manager
Date:	18/06/19

ATTACHED:

- **Primary Care Quality Assured Spirometry Business Case**

RELEVANT BACKGROUND PAPERS



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	Emailed business case S Chhokar	25/04/19
	Revised business case emailed L Sawrey	29/05/19
Quality Implications discussed with Quality and Risk Team	S Parvez	27/02/19
Equality Implications discussed with CSU Equality and Inclusion Service	D King	30/04/19
Information Governance implications discussed with IG Support Officer	Kelly Huckvale	22/05/19
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Claire Morrissey	18/06/19

